



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

08 DEC 18 AM 10:53

CANDIDATE COMMITTEE
COVER PAGE

CANDIDATE: GABRIELLA SABAGH
HARRISON COUNTY CLERK
STATE OF MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

<p>1. Committee I.D. Number 137127</p> <p>2. Committee Name CTE MARK KNOWLES</p>		<p>3. This Statement covers From 02 26 08 To 10 19 08 Mo Day Year Mo Day Year</p>	
<p>4. Candidate Last Name KNOWLES</p> <p>First Name MARK</p> <p>M.I. F</p> <p>4a. Office Sought Including District # or Community Served (If applicable) SUPERVISOR HARRISON TWP</p> <p>4b. County of Residence MACOMB</p> <p>Driver License # (Optional)</p>		<p>5. Committee's Mailing Address 24716 COTTRELL HARRISON TWP MI 48045</p> <p>Area Code and Phone 313 9990911</p> <p>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p>	
<p>6. Treasurer's Name & Residential Address SAME AS ABOVE</p> <p>Area Code & Phone ()</p> <p>Driver License # (Optional)</p>		<p>7. Treasurer's Business Address SAME AS ABOVE</p> <p>Area Code and Phone ()</p>	
<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) SAME AS ABOVE</p> <p>Area Code and Phone ()</p> <p>Driver License # (Optional)</p>		<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Convention <input type="checkbox"/> School</p> <p><input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus 10 4 08 Month Day Year</p>	

9c. ☐ Annual Statement (Coverage Year)

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution
Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper	MARK KNOWLES	Signature	Mark Knowles	Date	10 24 08
	Type or Print Name			Mo Day Year	
Candidate	MARK KNOWLES	Signature	Mark Knowles	Date	10 24 08
	Type or Print Name			Mo Day Year	



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number

137127

2. Committee Name

CTE MARK KNOWLES

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 1355.00

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ 0

c. Subtotal of "Contributions"

(3c.) \$ 1355.00

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$ 0

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3c + Line 4)

(5.) \$ 1355.00

Column I
This Period

Column II
Cumulative this election cycle

(18.) \$ 1355.00

(19.) \$ 0

(20.) \$ 1355.00

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ 0

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$ 0

(21.) \$ 0

(22.) \$ 0

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 5983.94

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$ 0

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$ 0

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

(9.) \$ 5983.94

(23.) \$ 5983.94

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$ 0

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$ 0

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS
(Add Line 10a + Line 10b)

(11.) \$ 0

(24.) \$ 0

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$ 0

b. Owed to the Committee (Schedule 1E)

(12b.) \$ 0

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$ 5215.36

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ 1355.00

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ 6570.36

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$ 5983.94

17. ENDING BALANCE
(Subtract line 16 from line 15)

(17.) \$ 586.42

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137127
2. Committee Name CTE MARK KNOWLES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>9-26-08</u></p> <p>Name & Address: <u>Harrison Twp Fire PAC</u> <u>39460 Jefferson</u> <u>Harrison Twp MI 48045</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>PAC</u> Employer _____ Business Address <u>39460 Jefferson, Harrison Twp MI 48045</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>500.00</u>	\$ <u>500.00</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-26-08</u></p> <p>Name & Address: <u>Simmons, John E.</u> <u>37294 Jefferson</u> <u>Harrison Twp MI 48045</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>20.00</u>	\$ <u>20.00</u>
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-26-08</u></p> <p>Name & Address: <u>Swiatkowski John</u> <u>29540 Old N. River Rd.</u> <u>Harrison Twp MI 48045</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>20.00</u>	\$ <u>20.00</u>
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-26-08</u></p> <p>Name & Address: <u>Brato, David</u> <u>39020 Parkham Circle</u> <u>Harrison Twp MI 48045</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>25.00</u>	\$ <u>25.00</u>

Page Subtotal

565.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137127
2. Committee Name ETE MARK KNOWLES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-26-08</u>	
Name & Address: <u>Knowles, Dolores</u> <u>22422 Cushing</u> <u>Eastpointe MI 48045</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-26-08</u>	
Name & Address: <u>Tas, Steven</u> <u>30338 33 Mile Rd.</u> <u>Richmond, MI</u>		\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-26-08</u>	
Name & Address: <u>Petersmark, Edward</u> <u>560 Sedgfield Dr.</u> <u>Bloomfield Hills MI 48304</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-26-08</u>	
Name & Address: <u>Lori Dennis, Lori</u> <u>27015 Ballard</u> <u>Harrison Twp MI 48045</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

255.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137127
2. Committee Name CTE MARK KNOWLES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-26-08</u>	
Name & Address: XXXXXX, XXXXX Fuca, Carrie Lynn 41265 Windmill St. Harrison Twp MI 48045		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-26-08</u>	
Name & Address: English, Frank 21911 Marter St. Clair Shores MI 48080		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-26-08</u>	
Name & Address: Uliniski, James 39295 Rivercrest Harrison Twp MI 48045		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-26-08</u>	
Name & Address: Senstock, James 31689 San Juan Harrison Twp MI 48045		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

125.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 137127

2. Committee Name CTE MARK KNOWLES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <u>Urbain, Anna</u> <u>21310 Irwin</u> <u>Armada, MI 48005</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-26-08</u>	<u>355.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<u>\$ 30.00</u>	<u>\$ 30.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Mueller, Mark</u> <u>29350 Jefferson</u> <u>St. Clair Shores MI 48081</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-26-08</u>	<u>\$ 250.00</u>	<u>\$ 250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>28 W. ADAMS STE 300 DET MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Eineman, Matt</u> <u>39765 Chart</u> <u>Harrison Twp MI 48045</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-26-08</u>	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>Rice, Michael H.</u> <u>31789 N. River Road</u> <u>Harrison Twp MI 48045</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-26-08</u>	<u>\$ 25.00</u>	<u>\$ 25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
		Click Here for Memo Itemization	

Page Subtotal

355.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137127
2. Committee Name CTE MARK KNOWLES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES /	4. Date of Receipt <u>9-26-08</u>	
Name & Address: <u>Beffat, Keri</u> <u>24771 Cottrell</u> <u>Harrison Twp MI 48045</u>		<u>\$ 55.00</u>	<u>\$ 55.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		<u>\$ X</u>	<u>\$ X</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		<u>\$ X</u>	<u>\$ X</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		<u>\$ X</u>	<u>\$ X</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

55.00
1355.00

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137127
2. Committee Name CTE MARK KNOWLES

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROSSBECK</u> <u>CLINTON TWP MI 48035</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FLYERS/COVER LETTERS</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/15/08</u>	<u>1413.00</u>
Expenditure #2 Name <u>GINO'S SURF</u> Address <u>37400 E. JEFFERSON</u> <u>HARRISON TWP MI 48045</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>RENTAL</u> Expenditure Code <u>RE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/22/08</u>	<u>1500.00</u>
Expenditure #3 Name <u>CANDG NEWSPAPERS</u> Address <u>13650 E 11 MILE</u> <u>WARREN 48089 MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>1/4 PAGE AD</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/22/08</u>	<u>418.00</u>
Expenditure #4 Name <u>JAMES CLOYD</u> Address <u>DETROIT MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>ENTERTAINMENT</u> Expenditure Code <u>ET</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/24/08</u>	<u>623.20</u>
Expenditure #5 Name <u>GREG QUINN</u> Address <u>37400 JEFFERSON</u> <u>HARRISON TWP MI 48045</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>EQUIPMENT</u> <u>(LIGHTING)</u> Expenditure Code <u>EQ</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/26</u>	<u>50.00</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

4009.20

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137127
2. Committee Name CTE MARK KNOWLES

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>PAUL FILLMORE</u> Address <u>HARRISON TWP</u> <u>48045</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>MAGIC SHOW</u> Expenditure Code <u>ET</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/26/08</u>	<u>100⁰⁰</u>
Expenditure #2 Name <u>RUSSELL LOIACONO</u> Address <u>ST CLAIR SHORES MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>ENTERTAINMENT</u> Expenditure Code <u>ET</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/26/08</u>	<u>50⁰⁰</u>
Expenditure #3 Name <u>C.T.E. DAVID BRATTO</u> Address <u>39020 PARKWAY CIRCLE</u> <u>HARRISON TWP MI 48045</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>DONATION</u> Expenditure Code <u>NE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/1</u>	<u>100⁰⁰</u>
Expenditure #4 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROSBECK</u> <u>CUNTON TWP MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SENIOR'S EVENT</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/6</u>	<u>848</u>
Expenditure #5 Name <u>TERRY'S SUBMARINES</u> Address <u>15 mile Rd</u> <u>CUNTON TWP MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SENIOR'S EVENT</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/8</u>	<u>7950</u>

Subtotal this page 337⁹⁸
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

\$4347.18

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137127
2. Committee Name CTE MARK KNOWLES

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>MARK KNOWLES</u> Address <u>24716 COTTRELL</u> <u>HARRISON TWP MI 48045</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SENIOR'S EVENT</u> Expenditure Code <u>LO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10</u>	<u>86.76</u>
Expenditure #2 Name <u>HARRISON TWP</u> Address <u>PARKS AND RECREATION</u> <u>HARRISON TWP MI 48045</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SENIOR ACTIVITIES</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14</u>	<u>100.00</u>
Expenditure #3 Name <u>C REG</u> Address <u>RIVERSIDE DR</u> <u>HARRISON TWP MI 48045</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LEAFLETS</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14</u>	<u>50.00</u>
Expenditure #4 Name <u>CANDY NEWSPAPERS</u> Address <u>13650 E 11 MILE</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISEMENT</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16</u>	<u>1400.00</u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		<u>X</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

1636.76
5983.94

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 137127
2. Committee Name CTE MARK KNOWLES

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>9</u> <u>26</u> <u>08</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) <u>59</u>	5. Type of Fund Raising Activity <u>DINNER MUSIC</u>	6. Address and Name (If any) of the place where the activity was held <u>GIND'S SURF</u> <u>37400 E JEFFERSON</u> <u>HARRISON TWP 48045</u> <input type="checkbox"/> Private Residence
--	--	---	---

7. Total Contributions of \$20.00 or less (~~2~~) ~~\$40.00~~
8. Total Contributions of \$20.01 or more (~~13~~) ~~\$1315.00~~ 1355
9. SUBTOTAL (Add lines 7 and 8) \$1355.00
10. Other Receipts 0
11. Gross Receipts (Add lines 9 and 10) \$1355.00
12. Total Cost of Event* 4159.20

*Includes In-Kind Contributions and All
Expenditures Made For the Event

13. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split
(%)

Expenditure Split
(%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-1K), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.